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PTO/SB/05 (4/98)  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	11-071
	First Inventor or Application Identifier	TANIZAWA
	Title	A PHYSICAL QUANTITY DETECTION DEVICE WITH TEMPERATURE COMPENSATION
	Express Mail Label No.	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <b>41</b> ]</p> <p>-Descriptive title of the Invention</p> <p>-Cross Reference to Related Applications</p> <p>-Background of the Invention</p> <p>-Summary of the Invention</p> <p>-Brief Description of the Drawings</p> <p>-Detailed Description of the Preferred Embodiment</p> <p>-Claims</p> <p>-Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>11</b> ]</p> <p>4. Oath or Declaration [Total Sheets <b>3</b> ]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p> <p><small>*NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)</small></p>	<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)</p> <p>*Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired</p> <p>13. <input type="checkbox"/> Statement filed in prior application, Status still proper and desired</p> <p>14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other: .....</p>
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16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_


**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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Name (Print/type)	KERRY S. CULPEPPER	Registration No. (Attorney/Agent)	45,672
Signature		Date	Nov. 8, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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November 8, 2001

Hon. Commissioner of Patents and Trademarks  
Washington, D.C. 20231


Sir:

**OIPE HAND DELIVERY FILING CERTIFICATE**

**Applicant:** TANIZAWA  
**For:** A PHYSICAL QUANTITY DETECTION DEVICE WITH TEMPERATURE  
COMPENSATION  
**Docket:** 11-071  
**Attorney:** Kerry S. Culpepper  
**Date of Deposit:** November 8, 2001

I hereby certify that this certificate and the following documents are being hand delivered to, and deposited with, the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the above-indicated date, and are addressed to the Commissioner of Patents and Trademarks/Assistant Commissioner for Patents, Washington, D.C., 20231:

- return receipt postcard;
- transmittal form (2 copies);
- fee calculation form (2 copies);
- 41 page specification (18 numbered claims);
- 11 sheets of informal drawings;
- executed declaration/power of attorney
- executed assignment and recordation cover sheet
- IDS with PTO-1449 form and 13 references; and
- 1 certified copy of 1 priority document (JP 2000-343670).

  
Kerry S. Culpepper  
Attorney For Applicant  
Reg. No. 45,672

09593319-110901

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<b>FEE TRANSMITTAL</b> <b>for FY 2002</b>  <i>Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>	
		Application Number	
		Filing Date	<b>November 8, 2001</b>
		First Named Inventor	<b>TANIZAWA</b>
		Examiner Name	
		Group/Art Unit	
TOTAL AMOUNT OF PAYMENT	<b>(\$ 780)</b>	Attorney Docket No.	<b>11-071</b>

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number <b>50-1147</b>  Deposit Account Name <b>LAW OFFICE OF DAVID G. POSZ</b>  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		<b>3. ADDITIONAL FEES</b>																																																																																																																																																																																													
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unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><b>40</b></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td colspan="5">Other fee (specify) _____</td><td></td></tr><tr><td colspan="5">Other fee (specify) _____</td><td></td></tr><tr><td colspan="5">*Reduced by Basic Filing Fee Paid</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (3)</b></td><td><b>(\$ 40)</b></td></tr></tbody></table>				Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65	Surcharge - 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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	<b>KERRY S. CULPEPPER</b>	Registration No (Attorney/Agent)	<b>45,672</b>
Signature	<i>Kerry S. Culpepper</i>	Telephone	<b>(202) 416-1638</b>
		Date	<b>Nov 8, 2001</b>

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